

# Medicare Managed Care Manual

## Chapter 20 - Plan Communications Guide

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(Rev. 40, 11-14-03)

### Appendix F - MSP Maintenance Transaction Error Codes

MSP Maintenance Transaction edit rejects are denoted by a value of “SP” in the disposition field and the Reply Record. A trailer of “08” containing up to four error codes, will always follow. Listed below are the possible MSP Maintenance Transaction error codes with a description.

<b>Error Codes</b>	<b>Description</b>
SP11	Invalid MSP transaction record type (Mandatory) Non-blank, must be valid record type “HUSP,” “HISP,” or “HBSP”
SP12	Invalid HIC number (Mandatory) Non-blank, must be valid for Equatable conversion
SP13	Invalid beneficiary Surname (Mandatory) Non-blank, alphabetic
SP14	Invalid beneficiary first name initial (Mandatory) Non-blank, alphabetic
SP15	Invalid beneficiary date of birth (Mandatory) Non-blank, numeric
SP16	Invalid beneficiary Sex Code (Mandatory) Non-blank, must be “0,” “1,” or “2” 0 = unknown 1 = male 2 = female
SP17	Invalid contractor number (Mandatory) Non-blank, numeric, must be valid CMS assigned contractor number
SP18	Invalid document control number Mandatory for HUSP and HBSP Transactions only Blank for all others

<b>Error Codes</b>	<b>Description</b>
SP19	Invalid maintenance transaction type (Mandatory) Non-blank, must be either "0" or "1" 0 = Add/Change MSP Data transaction 1 = Delete MSP Data Transaction
SP20	Invalid Validity Indicator (Mandatory) Non-blank, must be "Y" or "N" Y = Beneficiary has MSP coverage N = Beneficiary does not have MSP coverage
SP21	Invalid MSP Code (Mandatory) Non-blank, A, B, C, D, E, F, G, H, I, or L.
SP22	Invalid Diagnosis Code 1 – 5 A through Z, 0 through 9, and spaces are valid
SP23	Invalid Remarks Code 1 – 3 01 - 12, 20 – 26, 30 - 44, 50 - 62, 70 - 72, and spaces are valid 01 = Beneficiary retired as of termination date 02 = Beneficiary's employer has less than 20 employees 03 = Beneficiary's employer has less than 100 employees 04 = Beneficiary is dually entitled to Medicare, based on ESRD and Age or ESRD and disability 05 = Beneficiary is not married 06 = The beneficiary is covered under the group health plan of a family member whose employer has less than 100 employees. 07 = Beneficiary's employer has less than 20 employees and is in a multiple or multi-employer plan which has elected the working aged exception 08 = Beneficiary's employer has less than 20 employees and is in a multiple or multi-employer plan which has NOT elected the working aged exception 09 = Beneficiary is self-employed. 10 = A family member of the beneficiary is self-employed. 20 = Spouse retired as of termination date. 21 = Spouse's employer has less than 20 employees. 22 = Spouse's employer has less than 100 employees. 23 = Spouse's employer has less than 100 employees but is in a qualifying multiple or multi-employer plan. 24 = Spouse's employer has less than 20 employees and is in a multiple or multi-employer plan which has elected the working aged exception

<b>Error Codes</b>	<b>Description</b>
25	Spouse's employer has less than 20 employees and is in a multiple or multi-employer plan which has NOT elected the working aged exception.
26	Beneficiary's spouse is self-employed.
30	Exhausted benefits under the plan.
31	Pre-existing condition exclusions exist.
32	Conditional payment criteria met.
33	Multiple primary payers, Medicare is tertiary payer.
34	Information has been collected indicating that there is not a parallel plan that covers medical services.
35	Information has been collected indicating that there is not a parallel plan that covers hospital services.
36	Denial sent by EGHP, claims paid meeting conditional payment criteria.
37	Beneficiary deceased.
38	Employer certification on file.
39	Health plan is in bankruptcy or insolvency proceedings.
40	The termination date is the beneficiary's retirement date.
41	The termination date is the spouse's retirement date.
42	Potential non-compliance case, beneficiary enrolled in supplemental plan.
43	GHP coverage is a legitimate supplemental plan.
44	Termination date equals transplant date.
50	Employment related accident.
51	Claim denied by workers comp.
52	Contested denial.
53	Workers compensation settlement funds exhausted.
54	Auto accident - no coverage
55	Not payable by black lung.
56	Other accident - no liability.
57	Slipped and fell at home.
58	Lawsuit filed - decision pending.
59	Lawsuit filed - settlement received.
60	Medical malpractice lawsuit filed.
61	Product liability lawsuit filed.
62	Request for waiver filed.
70	Data match correction sheet sent.
71	Data match record updated.
72	Vow of Poverty correction.

SPACES

<b>Error Codes</b>	<b>Description</b>
SP24	<p>Invalid Insurer type  A through M and spaces are valid.  A = Insurance or Indemnity  B = HMO  C = Preferred Provider Organization (PPO)  D = Third Party Administrator arrangement under an administrative Service Only (ASO) contract without stop loss from any entity.  E = Third Party Administrator arrangement with stop loss insurance issued from any entity.  F = Self-Insured/Self-Administered.  G = Collectively-Bargained Health and Welfare Fund.  H = Multiple Employer Health Plan with at least one employer who has more than 100 full and/or part time employees.  I = Multiple Employer Health Plan with at least one employer who has more than 20 full and/or part time employees.  J = Hospitalization Only Plan - A plan which covers only non-inpatient medical services.  K = Medical Services Only Plan - A plan which covers only non-inpatient medical services.</p>
SP24	<p>M = Medicare Supplemental Plan, Medigap, Medicare Wraparound Plan or Medicare Carve Out Plan.  SPACES = Unknown.</p>
SP25	<p>Invalid Insurer Name  Spaces if not used, no low values  or  Insurer Name must be present if Validity Indicator = Y.</p>
SP26	<p>Invalid Insurer Address 1 and/or Address 2  Spaces if not used. If used, cannot be</p>
SP27	<p>Invalid Insurer City  Spaces if not used, no low value, and not numeric.</p>
SP28	<p>Invalid Insurer State  Spaces if not used, alphabetic, must match on valid state table.</p>
SP29	<p>Invalid Insurer Zip Code  Cannot be low values. If present the first five positions must be numeric and the last four positions may be spaces. If foreign country "FC" state code the nine positions may be spaces if not used.</p>

<b>Error Codes</b>	<b>Description</b>
SP30	Invalid Policy Number Spaces if not used, no low values.
SP31	Invalid MSP Effective Date (Mandatory) Non-blank, non-zero, numeric, number of days must correspond with the particular month. MSP Effective Date must be less than or equal to the current date.

## OTHER EFFECTIVE DATE COVERAGE EDITS

### Error Codes

### Description

If MSP code = A (Working Aged and Spousal Working Aged)  
effective date must be the greater of:

X January 1, 1983 (830101)

X Calculated date bene turned 65 (first day of month)

If MSP code = B (ESRD)

effective date must be the greater of:

X October 1, 1981

If MSP code = D (no-fault)

effective date must be the greater of:

X December 1, 1980

If MSP code = E (Workers' Compensation)

effective date must be the greater of:

X July 1, 1966

If MSP Code = F (Federal/Public Health)

effective date must be greater of:

X July 1, 1966 (660701)

If MSP Code = H (Black Lung)

effective date must be greater of:

X July 1, 1973 (730701)

If MSP Code = I (Veterans' Administration)

effective date must be greater of:

July 1, 1966 (660701)

If MSP Code = G (Disabled) 43

effective date must be greater of:

X January 1, 1987 (870101)

X Prior to the 1st day of the month the beneficiary turns 65

If MSP Code = L (Liability)

effective date must be greater of:

X December 1, 1980

<b>Error Codes</b>	<b>Description</b>
SP32	Invalid MSP Termination date must be numeric, may be all zeroes if not used, if used, date must correspond with the particular month.

## OTHER TERMINATION DATE COVERAGE EDITS

<b>Error Codes</b>	<b>Description</b>
	X If contractor number is that of the IRS/SSA datamatch project (“77777”), the term date may be equal to or greater than the effective date.
	X Cannot be greater than the current date plus 6 months, except for MSP code = B.
	X Cannot be greater than the first day the bene turned 65 if the MSP code is B or G.
SP33	Invalid Patient Relationship Numeric, must be zeroes. Values 01 through 19. 01 = Patient is Insured 02 = Spouse 03 = Natural Child, Insured has Financial Responsibility 04 = Natural Child, Insured does not have Financial responsibility 05 = Step Child 06 = Foster Child 07 = Ward of the Court 08 = Employee 09 = Unknown 10 = Handicapped Dependent 11 = Organ Donor 12 = Cadaver Donor 13 = Grandchild 14 = Niece/Nephew 15 = Injured Plaintiff 16 = Sponsored Dependent 17 = Minor Dependent of a Minor Dependent 18 = Parent 19 = Grandparent
SP34	Invalid Subscriber First Name Spaces if not used, no low values.
SP35	Invalid Subscriber Last Name Spaces if not used, no low values.
SP36	Invalid Employee ID Number Spaces if not used, no low values.

<b>Error Codes</b>	<b>Description</b>
SP37	<p>Invalid Sources Code</p> <p>A through W and spaces are valid.</p> <p>A = Claims Processing</p> <p>B = IRS/SSA/CMS Data Match</p> <p>C = First Claim Development</p> <p>D = IRS/SSA/CMS Data Match II</p> <p>E = Black Lung (DOL)</p> <p>F = Veterans (VA)</p> <p>G = Other Data Matches</p> <p>H = Workers' Compensation</p> <p>I = Notified by Beneficiary</p> <p>J = Notified by Provider</p> <p>K = Notified by Insurer</p> <p>L = Notified by Employer</p> <p>M = Notified by Attorney</p> <p>N = Notified by Group Health Plan /Primary Payer</p> <p>O = Initial Enrollment Questionnaire</p> <p>P = HMO Rate Cell Adjustment</p> <p>Q = Voluntary Insurer Reporting</p> <p>R = Office of Personnel Management Data Match</p> <p>S = Miscellaneous Reporting</p> <p>T = IRS/SSA/CMS Data Match III</p> <p>U = IRS/SSA/CMS Data Match IV</p> <p>V = IRS/SSA/CMS Data Match V</p> <p>W = IRS/SSA/CMS Data Match VI</p> <p>SPACES = Unknown</p>
SP38	<p>Invalid Employee Information Data Code</p> <p>Spaces if not used, alphabetic values P, S, M, F</p> <p>P = Patient</p> <p>S = Spouse</p> <p>M = Mother</p> <p>F = Father</p>
SP39	<p>Invalid Employer Name</p> <p>Spaces if not used, no low values.</p>
SP40	<p>Invalid Employer Address</p> <p>Spaces if not used.</p>
SP41	<p>Invalid Employer City</p> <p>Spaces if not used, no low values.</p>

<b>Error Codes</b>	<b>Description</b>																						
SP42	Invalid Employer State Spaces if not used, alphabetic, must match on valid state table.																						
SP43	Invalid Employer Zip Code Spaces if not used, non-zero, must be within valid zip code range on zip code table. If foreign country "FC" state code the first five digits can be zeros and last four can be blanks.																						
SP44	Invalid Insurance Group Number Spaces if not used, no low values.																						
SP45	Invalid Insurance Group Name Spaces if not used, no low values.																						
SP46	Invalid Pre-paid Health Plan Date Numeric, number of days must correspond with the particular month and be in the range of 01 - 31.																						
SP47	Beneficiary MSP indicator not on for delete transaction.																						
SP48	MSP auxiliary record not found for delete data transaction.																						
SP49	MSP auxiliary occurrence not found for delete data transaction.																						
SP50	Invalid function for update or delete. Contractor number unauthorized.																						
SP51	MSP Auxiliary record has 17 occurrences and none can be replaced.																						
SP52	Invalid Patient Relationship Code which is mandatory for MSP Codes A, B and G when the Validity Indicator is "Y". <table border="0"> <thead> <tr> <th>MSP Code</th> <th>Patient Relationship Code</th> </tr> </thead> <tbody> <tr> <td>A = Working Aged</td> <td>01 - Patient</td> </tr> <tr> <td></td> <td>02 - Spouse</td> </tr> <tr> <td>B = ESRD01 - Patient</td> <td>02 - Spouse</td> </tr> <tr> <td></td> <td>03 - Child</td> </tr> <tr> <td></td> <td>04 - Natural Child</td> </tr> <tr> <td></td> <td>05 - Step Child</td> </tr> <tr> <td></td> <td>18 - Parent</td> </tr> <tr> <td>G = Disabled</td> <td>01 - Patient</td> </tr> <tr> <td></td> <td>02 - Spouse</td> </tr> <tr> <td></td> <td>03 - Child</td> </tr> </tbody> </table>	MSP Code	Patient Relationship Code	A = Working Aged	01 - Patient		02 - Spouse	B = ESRD01 - Patient	02 - Spouse		03 - Child		04 - Natural Child		05 - Step Child		18 - Parent	G = Disabled	01 - Patient		02 - Spouse		03 - Child
MSP Code	Patient Relationship Code																						
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	02 - Spouse																						
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Error Codes	Description
	04 - Natural Child 05 - Step Child 18 - Parent
SP53	The maintenance transaction was for Working Aged EGHP and there is either an ESRD E6HP or Disability EGHP entry on file that has a termination date after the effective date on the incoming transaction or is not terminated, and the contract number on the maintenance transaction is not equal to "33333," "66666," "77777," or "88888."
SP54	MSP Code A, B or G has an Effective Date that is in conflict with the calculated age 65 date of the Beneficiary. For MSP Code A, the Effective Date must not be less than the date at age 65. For MSP Code G, the Effective Date must not be greater than the date at age 65.
SP55	MSP Effective Date is less than the earliest Beneficiary Part A or Part B Entitlement Date.
SP56	MSP Pre-paid Health Plan (PHP) Date must be = to or greater than MSP effective date or less than MSP Termination date.
SP57	Termination Date Greater than 6 months prior to date Added for Contractor other than 33333 or 77777.
SP58	Invalid Insurer type, MSP code, and validity indicator combination If MSP code is equal to "A" or "B" or "G" and validity indicator is equal to "Y" then insurer type must not be equal to spaces.
SP59	Invalid Insurer type, and validity indicator combination If validity indicator is equal to "N" then insurer type must be equal to spaces.
SP60	Other Insurer type for same period on file (Non "J" or "K") Insurer type on incoming maintenance record is equal to "J" or "K" and Insurer type on matching auxiliary record is not equal to "J" or "K". Note: Edit only applies to MSP codes - A - Working Aged B - ESRD EGHP G - Disability EGHP

<b>Error Codes</b>	<b>Description</b>
SP61	Other Insurer type for same period on file (“J” or “K”) Insurer type on incoming maintenance record is not equal to “J” or “K” and Insurer type on matching auxiliary record is equal to “J” or “K”. Note: Edit only applies to MSP codes - A - Working Aged B - ESRD EGHP G - Disability EGHP
SP62	Incoming termination date is less than the MSP effective date.
SP66	MSP effective date is greater than the effective date on matching occurrence on auxiliary file.
SP67	Incoming termination date is less than posted termination date for Provident.
SP69	Updating contractor number is not equal to the Header Contractor number. Data match and IEQ MSP TRANSACTION only.
SP70	IEQ MSP TRANSACTIONS must have a Source Code of “0.” Bypass SP70 for HICR HCSP maintenance transactions.
SP71	SOURCE CODE IS “O,” “P,” “Q,” “R,” or “S” for an existing record on the MSP auxiliary file, and the source code on the MSP transaction record are different.